

<b>Case Number:</b>	CM13-0056350		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old female who reported an injury on 03/30/2011. The mechanism of injury involved a fall. Current diagnoses include right wrist sprain, lumbar sprain, and left ankle sprain. The injured worker was evaluated on 11/14/2013. The injured worker reported persistent left ankle and foot pain as well as numbness and tingling. Physical examination revealed tenderness over the palmar wrist, diffuse numbness noted in the hand with weakened grip strength, bilateral lumbar paravertebral tenderness to palpation, positive straight leg raising, limited lumbar range of motion, tenderness over the lateral malleolus and anterior capsular regions of the ankle, inability to tip toe or heel walk, restricted ankle range of motion, and diminished strength on the left. Treatment recommendations included physical therapy twice per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker has previously participated in a course of physical therapy. However, there was no documentation of the previous course submitted for review. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.